

WHITE LUNG ASSOCIATION ^{nj}

TEL. (201)758-1590
FAX. (201)758-1592

PROPOSAL FOR THE DEVELOPMENT OF A VOLUNTEER BASED MODEL PROGRAM FOR THE APPLICATION OF INTERIM CONTROLS TO THE RESIDENCES OF LEAD POISONED CHILDREN IMMEDIATELY UPON MEDICAL DIAGNOSIS

BACKGROUND & NEED

Childhood lead poisoning in New Jersey's major urban centers remains a significant public health problem. For calendar year 1996, for example, in the city of Newark alone the number of children diagnosed with Blood Lead Levels 20 mcg/dL¹ or more was 662. Statewide, the number of children diagnosed with lead blood lead levels requiring environmental intervention will increase to an unknown degree once the newly enacted Universal Screening law takes full effect.

The Newark Department of Health's Lead Poison Control Program has made significant gains in reducing the time it takes to perform inspections after receiving documentation of a lead poisoned child from the NJ DOH. At present, however, there is little good data on the number of residences which are finally abated and the time it takes from inspection to abatement. What is certain is that, statewide, the number of residences abated in conformity with New Jersey law is a small fraction of the residences identified as contributing to lead poisoning. In calendar year 1997, for example, approximately 250 residential lead abatement jobs were notified to the Department of Community Affairs for all the state. Under NJ law "abatement" is understood to mean the comprehensive and permanent control of lead based paint both in the interior and exterior of the residence. Abatement, more often than not, does not take place for many months after medical diagnosis and the municipal inspection of the residence. Lead abatement is now a regulated industry in the state and despite the fact that lead poisoning affects all socio-economic groups to some degree, childhood lead poisoning remains a disease of urban and rural poverty. Lead abatement contractors do not come cheap. It is doubtful that an unsubsidized marketplace will ever provide an effective solution to childhood lead poisoning. Thus the lead poisoned child is often left in an environment of continued exposure despite the efforts of the medical community and the local health departments to provide parents and landlords information on the usefulness of "interim controls," such as dust remediation and the alteration of occupant use patterns within the residence which might result in the generation of lead dust.

PROPOSAL

Interim controls, as distinguished from "abatement controls" are by definition temporary, partial solutions to remediation of lead based paint hazards. Nonetheless, interim controls are capable of significantly reducing the burden of lead containing dust and paint chips

¹ The Center for Disease Control (CDC) criterion for childhood lead poisoning.

during that period when abatement is either being planned voluntarily by the building owner or mandated through the municipal courts. At present there is no realistic mechanism by which interim controls can be expertly applied in a timely manner to the residence of a lead poisoned child. At best the parent(s) and building owners are informed about more thorough and frequent housekeeping procedures but are provided no real demonstration of the actual control techniques. This proposal attempts to address that problem.

At the heart of this proposal is church volunteerism. The Newark Partnership for Lead Safe Children lists among its members several church based service organizations. These organizations, which already represent a broad range of churches and can serve to enlist even broader support, would convey to their constituencies the nature of the childhood lead poisoning problem. There are many organizations which would be willing to provide trained public health educators for this purpose. The call would be made for volunteers to be trained in professional lead control techniques and to provide their labor on a volunteer basis. The White Lung Association of NJ, Inc., a not-for-profit institution with NJ Department of Health approved lead abatement courses, would provide the appropriate training. This training can lead to worker permitting by the NJ DOH, a state requirement for lead abatement work. Thus for some volunteers there might be the added incentive of receiving a lead worker permit and work experience that could result in commercial employment in the industry.

HOW IT WOULD WORK

The Newark Partnership for Lead Safe Children or one or more of its member organizations would set up a Clearinghouse to take calls from the medical community or from the residents of dwellings where lead poisoned children were identified. The Clearinghouse would be responsible for organizing a crew of four trained volunteers who would spend 8-12 hours engaged in interim controls. These controls would include: dust remediation with TSP washing and HEPA vacuuming and paint stabilization. The work of the volunteer crew would be supervised by NJ DOH permitted Lead supervisors or inspector/risk assessors. A certain number of residences which have undergone interim control treatment should be tested by a certified lead abatement inspector/risk assessor to determine lead dust levels before and after treatment. The WLA NJ would take on the responsibility of organizing the volunteer services of these professionals.

PROGRAM EFFECTIVENESS

There is every expectation that the application of interim controls would prove an effective tool in the reduction of children's elevated blood lead levels which have resulted from residential exposure to lead based paint and lead containing dust. Several years ago, a study was conducted under the auspices of Rutgers University which identified a number of Jersey City children with blood lead levels between 10 and 19 mcg/dL of blood. Regular and precise cleaning methods were applied to the residences of these children by trained workers. The CLEAR study, whose results will soon be published, showed that blood lead levels could be reduced by such methods.

GOALS OF THE PROGRAM

The primary goal of the program should be to establish a Model Program for the Application of Interim Controls To the Residences of Lead Poisoned Children. The number of residences treated with interim controls would be extremely limited, in relation to the number of residences identified as needing treatment, at the startup phase of the program. The goal is to establish a model, efficiently running program based upon a volunteer effort. Concurrent with the development of the Model Program funding should be sought from CDC and private foundations to continue and expand the effort. The massiveness of the problem, however, dictates that the core of the program remain volunteerism.

RESOURCES CURRENTLY AVAILABLE

The White Lung Association of N.J., Inc. has allocated a number of scholarships in its regular lead abatement course offerings and is seeking release of grant monies from the NJ Dept. of Labor for dedicated use in this volunteer effort. The WLA will also be responsible for developing a interim control protocol and a health and safety program for the volunteers.

A Resources Committee should be established to secure either monetary or in-kind resources for the following:

- Equipment for one crew
- Van rental
- Office space, utilities, secretarial services.
- Laboratory testing for dust wipes

For further information contact Myles O'Malley